

Corporate Office 10215 Portland Ave E Tacoma, WA 98445 California Branch 470 Lindbergh Ave. Livermore, CA 98551 South West Branch 928 S. 52nd St. #105 Tempe, AZ 85281 South Central Branch 1711 Briercroft Court #126 Carrollton, TX 75006

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

(Application will remain active for 30 days)

Applied For:			Position Referral Source:						
Name:		E-Mail Address:							
Last Address:		First	M.I.		Phone: (
Street		City	Stat	e ž	Zip				
Are you at least 18 years of age?			Have you previously applied with us? ☐ Yes ☐ No When						
Date you are able to start work:				Have you previously worked with us? ☐ Yes ☐ No					
May we contact your current employer? ☐ Yes ☐ No			When						
Are you on layoff status or subject to recall elsewhere? ☐ Yes ☐ No			Are any of your records under a different name? Yes No If so, what name						
Do you wish to work:	☐ Full-time ☐ Temporary	☐ Part-time	Do you have any relatives working for us? ☐ Yes ☐ No						
Are you willing and available to work?			If so, who?						
EDUCATION/ TRAINING	Name and	nme and Location of Sch		Did You Graduate?	Subjects Studied				
High School									
College									
Other Training (particularly that led to license or certification)									
Are you taking or do you	plan to take any	additional education	on? If so	, what?					
SKILLS / ABILITIES: List any software or mach	hines you are skil	led in using:							

Lis	t any skills or abilities you	have which are pertinent to t	he position, including hobb	ies or related interes	sts:						
Wi	JOB REQUIREMENTS Will you be able to perform the essential functions of the job, with or without reasonable accommodation? ☐ Yes ☐ No										
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_		WORK EXPERIENCE, INCL	UDING MILITARY AND	VOLUNTEER EXPE	RIENCE						
	resent or Last Employe	r:		Diameter (```						
	Address:			Phone: ()						
	Start Date:	Leaving Date:	Supervisor:								
	Job Title & Duties:										
_	Why Did You Leave?										
P	revious Employer:										
	Address:			Phone: ()						
	Start Date:	Leaving Date:	Supervisor:								
	Job Title & Duties:										
_\	Why Did You Leave?										
P	revious Employer:										
	Address:			Phone: ()						
	Why Did You Leave?										
		PERSO	NAL REFERENCE								
N	Name:			Phone: ()						
Α	ddress:										
Occupation:			How Long Known:								
	PLEASE REA	D EACH OF THE FOLLOWI	NG ITEMS BEFORE SIGN	IING THIS APPLIC	ATION						
1.	As a final step in the hiring process, an applicant may be subject to an employment entrance exam that may include screening for illegal drugs. Applicants who confirm positive on drug screening will not be considered for employment. If a job offer is made, it may be made contingent upon the successful passing of a physical.										
2.	I CERTIFY that the facts contained in this application are true and complete, and understand that if employed, false, misleading or incomplete statements on this application shall be grounds for immediate dismissal.										
3.	I AUTHORIZE the company to investigate and verify any information contained in my application or pre-hire interviews, including my previous employment, education and background. I further release all parties from all liability for any damage that may result from furnishing or receiving such information.										
4.	I UNDERSTAND and agree that my employment and compensation may be terminated at any time without prior notice, with or without reason, at the option of the company or myself, and understand that no representative of the company, other than the President, has authority to enter into any agreement contrary to the foregoing.										
Da	te:	Signature of Applica	ant:								